

UNITED STATES DISTRICT COURT

EASTERN

District of MASSACHUSETTS

JOHN CABODO EZE

Plaintiff

APPLICATION TO PROCEED
WITHOUT PREPAYMENT OF
FEES AND AFFIDAVIT

JOHN ASHCROFT,
THOMAS HODGKINSON,

Defendant

CASE NUMBER: 04 CV 11949-NG

I, JOHN CABODO EZE

declare that I am the (check appropriate box)

☒ petitioner/plaintiff/movant ☐ other

in the above-entitled proceeding; that in support of my request to proceed without prepayment of fees or costs under 28 USC §1915 I declare that I am unable to pay the costs of these proceedings and that I am entitled to the relief sought in the complaint/petition/motion.

In support of this application, I answer the following questions under penalty of perjury:

1. Are you currently incarcerated? ☒ Yes ☐ No (If "No," go to Part 2) CORRECTION
If "Yes," state the place of your incarceration BRISTOL COUNTY HOUSE OF CORRECTION
Are you employed at the institution? NO Do you receive any payment from the N/A
Attach a ledger sheet from the institution(s) of your incarceration showing at least the past six months' transactions.

2. Are you currently employed? ☐ Yes ☒ No
a. If the answer is "Yes," state the amount of your take-home salary or wages and pay period and give the name and address of your employer.
b. If the answer is "No," state the date of your last employment, the amount of your take-home salary or wages and pay period and the name and address of your last employer.

3. In the past 12 twelve months have you received any money from any of the following sources?

a. Business, profession or other self-employment	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
b. Rent payments, interest or dividends	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
c. Pensions, annuities or life insurance payments	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
d. Disability or workers compensation payments	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
e. Gifts or inheritances	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
f. Any other sources	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

If the answer to any of the above is "Yes," describe, on the following page, each source of money and state the amount received and what you expect you will continue to receive.

**Affidavit to Accompany
Motion for Leave to Appeal in Forma Pauperis**

District Court No. 04 CV 11949- NG
Appeal No. _____

JOHN OGBODO EZE
(PETITIONER)

v.

JOHN ASHCROFT (RESPONDENT)

Affidavit in Support of Motion

Instructions

I swear or affirm under penalty of perjury that, because of my poverty, I cannot prepay the docket fees of my appeal or post a bond for them. I believe I am entitled to redress. I swear or affirm under penalty of perjury under United States laws that my answers on this form are true and correct. (28 U.S.C. § 1746; 18 U.S.C. § 1621.)

Complete all questions in this application and then sign it. Do not leave any blanks: if the answer to a question is "0," "none," or "not applicable (N/A)," write in that response. If you need more space to answer a question or to explain your answer, attach a separate sheet of paper identified with your name, your case's docket number, and the question number.

Signed: _____

Date: 09/12/04

My issues on appeal are:

1. For both you and your spouse estimate the average amount of money received from each of the following sources during the past 12 months. Adjust any amount that was received weekly, biweekly, quarterly, semiannually, or annually to show the monthly rate. Use gross amounts, that is, amounts before any deductions for taxes or otherwise.

Income source	Average monthly amount during the past 12 months		Amount expected next month	
	You	Spouse	You	Spouse
Employment	\$ <u>00.00</u>	\$ <u>00.00</u>	\$ <u>00.00</u>	\$ <u>N/A</u>
Self-employment	\$ <u>00.00</u>	\$ <u>00.00</u>	\$ <u>00.00</u>	\$ <u>N/A</u>
Income from real property (such as rental income)	\$ <u>00.00</u>	\$ <u>00.00</u>	\$ <u>00.00</u>	\$ <u>N/A</u>
Interest and dividends	\$ <u>00.00</u>	\$ <u>00.00</u>	\$ <u>00.00</u>	\$ <u>N/A</u>

Income source	Average monthly amount during the past 12 months		Amount expected next month	
	You	Spouse	You	Spouse
Gifts	\$ <u>00.00</u>	\$ <u>00.00</u>	\$ <u>00.00</u>	\$ <u>00.00</u>
Alimony	\$ <u>00.00</u>	\$ <u>00.00</u>	\$ <u>00.00</u>	\$ <u>00.00</u>
Child support	\$ <u>00.00</u>	\$ <u>00.00</u>	\$ <u>00.00</u>	\$ <u>00.00</u>
Retirement (such as social security, pensions, annuities, insurance)	\$ <u>00.00</u>	\$ <u>00.00</u>	\$ <u>00.00</u>	\$ <u>00.00</u>
Disability (such as social security, insurance payments)	\$ <u>00.00</u>	\$ <u>00.00</u>	\$ <u>00.00</u>	\$ <u>00.00</u>
Unemployment payments	\$ <u>00.00</u>	\$ <u>00.00</u>	\$ <u>00.00</u>	\$ <u>00.00</u>
Public-assistance (such as welfare)	\$ <u>00.00</u>	\$ <u>00.00</u>	\$ <u>00.00</u>	\$ <u>00.00</u>
Other (specify): _____	\$ <u>00.00</u>	\$ <u>00.00</u>	\$ <u>00.00</u>	\$ <u>00.00</u>
Total Monthly income:	\$ <u>00.00</u>	\$ <u>00.00</u>	\$ <u>00.00</u>	\$ <u>00.00</u>

2. List your employment history, most recent employer first. (Gross monthly pay is before taxes or other deductions)

Employer	Address	Dates of Employment	Gross monthly pay
Paramount Tour & Charter Inc.	52-15 11TH ST. SUITE #1 L.I.C. NEW YORK	JUNE, 2002 TO 01/2/03	NEW BUSINESS OPERATED IN THE RED DUE TO EQUIPMENT FAILURE INITIALLY

3. List your spouses's employment history, most recent employer first. (Gross monthly pay is before taxes or other deductions)

Employer	Address	Dates of Employment	Gross monthly pay
N/A	N/A	N/A	N/A

4. How much cash do you and your spouse have? \$ < \$125⁰⁰

Below, state any money you or your spouse have in bank accounts or in any other financial institution.

Financial Institution	Type of Account	Amount you have	Amount your spouse has
1ST UNION	BUS/SAVINGS	\$ < 125 ⁰⁰	\$ N/A
BANK,		\$	\$
A.C. NIT		\$	\$
0340.1			

If you are a prisoner, you must attach a statement certified by the appropriate institutional officer showing all receipts, expenditures, and balances during the last six months in your institutional accounts. If you have multiple accounts, perhaps because you have been in multiple institutions, attach one certified statement of each account.

5. List the assets, and their values, which you or your spouse owns. Do not list clothing and ordinary household furnishings.

Home	(Value)	Other real estate	(Value)	Motor Vehicle #1	(Value)
N/A		N/A		Make & year: N/A	
				Model:	
				Registration#:	
Motor Vehicle #2	(Value)	Other assets	(Value)	Other assets	(Value)
Make & year: N/A		N/A		N/A	N/A
Model:					
Registration#:					

6. State every person, business, or organization owing you or your spouse money, and the amount owed.

Person owing you or your spouse money	Amount owed to you	Amount owed to your spouse
N/A	N/A	N/A

7. State the persons who rely on you or your spouse for support.

Name	Relationship	Age
N/A	N/A	N/A

8. Estimate the average monthly expenses of you and your family. Show separately the amounts paid by your spouse. Adjust any payments that are made weekly, biweekly, quarterly, semiannually, or annually to show the monthly rate.

	You	Spouse
Rent or home mortgage payment (include lot rented for mobile home)	\$ <u>00'00</u>	\$ <u>00'00</u>
Are any real estate taxes included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Is property insurance included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Utilities (electricity, heating fuel, water, sewer, and Telephone)	\$ <u>00'00</u>	\$ <u>00'00</u>
Home maintenance (repairs and upkeep)	\$ <u>00'00</u>	\$ <u>DITTO</u>
Food	\$ <u>00'00</u>	\$ <u>N/A</u>
Clothing	\$ <u>N/A</u>	\$ <u>N/A</u>
Laundry and dry-cleaning	\$ <u>N/A</u>	\$ <u>N/A</u>
Medical and dental expenses	\$ <u>N/A</u>	\$ <u>N/A</u>
Transportation (not including motor vehicle payments)	\$ <u>N/A</u>	\$ <u>N/A</u>
Recreation, entertainment, newspapers, magazines, etc.	\$ <u>N/A</u>	\$ <u>N/A</u>
Insurance (not deducted from wages or included in Mortgage payments)	\$ <u>N/A</u>	\$ <u>N/A</u>
Homeowner's or renter's	\$ <u>N/A</u>	\$ <u>N/A</u>
Life	\$ <u>N/A</u>	\$ <u>N/A</u>
Health	\$ <u>N/A</u>	\$ <u>N/A</u>
Motor Vehicle	\$ <u>N/A</u>	\$ <u>N/A</u>
Other: _____	\$ <u>N/A</u>	\$ <u>N/A</u>
Taxes (not deducted from wages or included in Mortgage payments)(specify): _____	\$ <u>N/A</u>	\$ <u>N/A</u>
Installment payments	\$ <u>N/A</u>	\$ <u>N/A</u>
Motor Vehicle	\$ <u>N/A</u>	\$ <u>N/A</u>
Credit card (name): _____	\$ <u>N/A</u>	\$ <u>N/A</u>
Department store (name): _____	\$ <u>N/A</u>	\$ <u>N/A</u>
Other: _____	\$ <u>N/A</u>	\$ <u>N/A</u>

Alimony, maintenance, and support paid to others	\$ <u>00'00</u>	\$ <u>00'00</u>
Regular expenses for operations of business, profession, or farm (attach detailed statement)	\$ <u>00'00</u>	\$ <u>00'00</u>
Other (specify): _____	\$ <u>00'00</u>	\$ <u>00'00</u>
Total monthly expenses:	\$ <u>00'00</u>	\$ <u>00'00</u>

9. Do you expect any major changes to your monthly income or expenses in your assets or liabilities during the next 12 months?

☐ Yes ☒ No

If yes, describe on an attached sheet.

10. Have you paid — or will you be paying — an attorney any money for services in connection with this case, including the completion of this form? ☐ Yes ☒ No

If yes, how much? \$ _____

If yes, state the attorney's name, address, and telephone number:

N/A

11. Have you paid — or will you be paying — anyone other than an attorney (such as a paralegal or a typist) any money for services in connection with this case, including the completion of this form?

☐ Yes ☒ No

If yes, how much? \$ _____

If yes, state the person's name, address, and telephone number:

N/A

12. Provide any other information that will help explain why you cannot pay the docket fees for your appeal.

Plaintiff/Petitioner has been under DHS detention since February 4th, 2003

TRUST ACCOUNT WITHDRAWAL AUTHORIZATION

I, John O. Eze, request and authorize the agency holding me in custody to prepare for the clerk of the UNITED STATES District Court for the Eastern District of Massachusetts a certified copy of the statement for the past six months of my trust fund account activity at the institution where I am incarcerated.

I further request and authorize the agency holding me in custody to calculate and disburse funds from my trust fund account pursuant to any future orders issued by the court relating to this civil action pursuant to the Prison litigation Reform Act of 1995, Pub.L. No. 104-134, Title VIII, §§ 801-10, 110 Stat. 1321 (1996).

This authorization is furnished in connection with a civil action filed in the District of Massachusetts, and I understand that, pursuant to 28 U.S.C. §§ 1914 and 1915(b)(1), the total amount of filing fees for which I am obligated is \$_____. I also understand that this fee will be debited from my account regardless of the outcome of this action. This authorization shall apply to any other agency into whose custody I may be transferred

Date 09/03/04

John O. Eze
Signature of Prisoner

I, John Ogboro Eze, hereby depose and state under oath that a copy of the within documents—application to proceed in forma pauperis and affidavit—were served on the opposing Counsel on this 15th day of September, 2004 by depositing same in the U. S. Mail via First Class mail, postage prepaid, and addressed as follows:

The U. S. Attorney's Office,
John Joseph Moakley Court-
house Building, Suite 9200
U. S. Courthouse,
1 Courthouse Way, Suite
Boston, MA. 02210.